

CASE MANAGEMENT SERVICES
High-risk Pregnant Women

ID.7

10. Any medical evaluation, examination, or treatment billable as a distinct Medicaid-covered benefit. However, referral arrangement and staff consultation for such services are reimbursable as a case management service.

E. Qualifications of Providers

Case Manager Qualifications:

1. Registered nurse licensed in Texas, with a minimum of one year of experience in community nursing, or
2. Social worker licensed in Texas, with a minimum of one year experience in health and/or human services.

Case Management Agency Conditions for Participation:

The Case Management Agency must meet the following criteria established by the Department to become a provider of case management services to high-risk pregnant women:

1. Must meet applicable State and Federal laws governing the participation of providers in the Medicaid program;
2. Must sign a provider agreement with the single state agency; and
3. Must meet the provider criteria and be approved by the Maternal and Infant Health Improvement Act Program (MIHIA), the State Perinatal Program -- a program delivering comprehensive, coordinated maternal and infant health services which follow Texas Department of Health guidelines for maternity, child health and family planning services. A qualified Perinatal Program provider must:
 - a. Be a health service provider of women of child bearing age or children, with evidence of referral relationships with preventive, primary, and tertiary care takers, agencies, or centers within the nearest geographic area.
 - b. Be able to participate in the case management system for women of child bearing age, infants, and children with medically at risk or diagnosed conditions.
 - c. Have the ability to participate in the regional case management system (i.e. participate with area regional and local health departments, other area case management providers, and the TDH Bureau of

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- Maternal & Child Health) so that referral and tracking of the patient occur.
- d. Have a case management system which is community based as evidenced by outreach activities, home visits, community education, and utilization of qualified local health education programs.
 - e. Have a case management system which utilizes registered nurses, social workers, and community service aides.
 - f. Have a case management system which reduces barriers to service by assistance in completing applications, ability to make timely appointments, assistance with transportation, etc.
 - g. Comply in a timely fashion with all Medicaid required reporting requirements.

Enrollment Process:

Methods and procedures will be implemented to enroll all providers who meet the qualifications for case management services. Approval by the State's MIHIA program will be verified with the Texas Department of Health before the provider is enrolled as a Medicaid provider for case management services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

CASE MANAGEMENT SERVICES

- A. Target Group: High-risk infants under age one.
See attachment for criteria for defining high-risk infants.
- B. Areas of State in which services will be provided:
[X] Entire State
- C. Comparability of Services
[] Services are provided in accordance with section 1902(a)(10)(B) of the Act.
[X] Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
See attachment.
- E. Qualification of Providers:
See attachment.

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Supersedes None - New Page Approval Date JUL 12 1991
TN No. None - New Page HCFA ID:104P/0016P

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High-risk Infants

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A. Target Group:

The following is a compendium of high risk conditions which will be used as criteria to determine high-risk infants.

INFANT:

Birth weight < 1500 grams

Birth defect: moderate to severe conditions which are likely to adversely effect the functioning, growth, or development of the infant. Including, but not limited to, cardiovascular, renal, gastrointestinal and motor or orthopedic impairments and craniofacial defects.

Conditions likely to cause developmental delay, including impairment of vision or hearing and neurologic conditions such as hydrocephalus, intraventricular hemorrhage, seizures, kernicterus, and abnormalities in muscle tone.

These conditions may be congenital or acquired/diagnoses at a later date.

Developmental delay or significant risk of delay

Infection

Congenital (CMV, STD, HIV, HBV, Rubella)

Acquired (sepsis, meningitis)

Malignancy

NICU graduate > 7 days or any hospitalization > 7 days

Surgery, Major with hospitalization > 3 days

Traumatic injury, major (including burns, near drowning), requiring hospitalization > 7 days

Technology dependent at discharge (monitors, gavage, mechanical ventilation, supplemental oxygen, hyperalimentation)

Weight, length, head circumference, or weight for length < 3% or inadequate growth

Drug withdrawal syndrome in the newborn

Anemia (HCT < or = 28 or HGB < or = 9.2)

MATERNAL/FAMILY FACTORS:

Abuse, neglect, family violence/dysfunction

Active psychosis, current treatment for mental illness

Maternal age less than 18 years

Noncompliance (behind on immunizations, failure to keep appointments)

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Previous undiagnosed infant death
Moderate to severe mental or physical handicap affecting
infant care
Maternal substance abuse or teratogen exposure
Fetal Drug Exposure

D. Definition of Services:

As defined in Section 1915(g)(2) of the Act, optional targeted case management services is defined as services which will assist individuals eligible under the Plan in gaining access to needed medical, social, educational, and other services. The case management service is provided to assist targeted Medicaid clients in gaining access to these other services, and not to deliver the services. Case managers will provide necessary coordination with providers of nonmedical services, such as nutrition, psychosocial, or educational programs, when services provided by these entities are needed. The case manager will coordinate these services with needed medical services.

The purposes of case management for high-risk infants are to: reduce morbidity and mortality among infants, encourage the use of cost-effective medical care, make referrals to appropriate providers, and discourage overutilization or duplication of costly services. This process will not serve, however, as a "gatekeeper" function and will not prohibit the recipient from having a free choice of case management providers and providers of other Medicaid services.

Case management services are provided through a definable system, which includes:

- o Risk Assessment/Initial Intake: Initial contact with the family of the Medicaid client is made to evaluate the client's individual situation to determine the need for high-risk case management. A uniform assessment tool is used to determine whether or not the client meets the established high-risk criteria. The process includes written documentation of client identifying information and the nature of the presenting problem. Initial intake may be done by telephone, through face-to-face interview, or by referral from another professional.

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- o Comprehensive Needs Assessment: The formal written comprehensive assessment is developed by the case manager in a face-to-face interview with the Medicaid client's family. The documentation lists medical, social, nutritional, and educational needs of the Medicaid client. A home visit may be employed to complete the comprehensive needs assessment.
- o Service Implementation: A written service plan is developed to address the specific needs of the client as identified in the comprehensive needs assessment. It establishes priorities among the needs identified and formulates a plan of care to address these needs. The plan of care should be developed by the case manager and the client's family.

It must outline the responsibilities of both the case manager and the client/family. Emphasis is placed on providing participants with information and direction that will enable them to successfully access and utilize the needed services identified by the plan of care.

The plan must include:

1. the persons involved in the development of the service plan;
2. measurable goals to be achieved via the provision of services; and
3. the description of all services to be provided [i.e., education, transportation, medical, referral to the Supplemental Feeding Program for Women, Infants and Children (WIC), etc.], and schedules for the case manager to monitor the service plan and perform a formal reassessment.

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The case manager arranges for the delivery of appropriate services to the client. Through negotiation, the case manager will assist service provider agencies and individuals in planning and program development that will meet the needs of the high-risk infant. This consultation will in no way delegate to other than the department's own official authority to exercise administrative discretion in the administration or supervision of the State Plan or issue policies, rules, and regulations on program matters.

Service implementation may involve telephone calls, face-to-face contact and home visits. Referrals for education and counseling, and assistance with transportation arrangements may also be included as activities of the case manager.

Activities by the case manager for service implementation will be documented in writing.

- o Monitoring: The case manager will monitor to determine:
 1. what services have been delivered;
 2. whether the services were delivered as scheduled; and
 3. whether the services are consistent with the client's service plan.

Modifications to the service plan or a change of service provider may be required. Monitoring will be conducted on a periodic basis. Each monitoring activity (face-to-face or telephone) will be documented in writing. The recommended schedule for infants, unless modified for individual needs, is one visit at two, four, six, nine, and eleven months of age.

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